

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

NEVADA PHYSICAL THERAPY ASSOCIATION PAC
 Name (print) PMB 105 - 8665 W. FLAM. RD. #131
 Office (if applicable) District (if applicable)
 Mailing Address (include city and zip code) LAS VEGAS NV 89147
 Telephone No. 702-889-1673
 E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004
 Period: January 1, 2003 - December 31, 2003

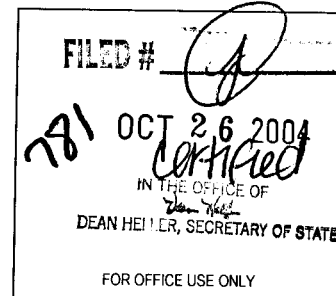
☐ Report #1 - Due August 31, 2004
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☒ Report #2 Due - October 26, 2004
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005*
 Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005
 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative
From Beginning
of Report Period
#1 through End
of This
Reporting
Period

0	
0	

3. Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

0	
0	

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

\$1000	00
0	
\$1000	00

0	
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AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Carolee Muse Gant
 Signature

10/25/04
 Date

#

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS**DATE OF EACH CONTRIBUTION**

AMOUNT OF EACH CONTRIBUTION

**CHECK HERE
IF LOAN**

EL201.doc

Revised: Jan-04

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Report Period

NEVADA
Name (print)

PHYSICAL THERAPY
Office (if applicable)

PAC
District (if applicable)

Expenses in Excess of \$100

[illegible]

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